

# Application Instructions

You will need the following to complete the application:

- A. Sales and loss information for the past 3 years;
- B. Largest single write off each year for the past 3 years;
- C. Buyer name(s), country, city, state, phone, and credit limit;
- D. Current summary aging (Descending high to low by open balance if available)
- E. List of Countries in which you do business.

## **Check List:**

Completed and signed application.

Insured client list with complete name, address, phone, and desired credit limit.

Broker of record letter (on your company letterhead).

## **Example Broker of record letter:**

To Whom It May Concern:

Please be advised that “Company Name” recognizes *ARI* Global as our broker of record regarding our receivable insurance matters.

## **Assistance/Remit to:**

*ARI* Global, Inc.  
1311 N. Westshore Blvd., Suite 315  
Tampa, FL 33607

Office: (813) 288-8680 or (800) 320-7338

Fax : (813) 288-8682

Website: [www.ariglobal.com](http://www.ariglobal.com)



# Global Brokers of Accounts Receivable Insurance



## Application

### I. General Information

- A. Legal Business Name \_\_\_\_\_
- B. Address (physical) \_\_\_\_\_  
(mailing) \_\_\_\_\_
- C. Contact (name, title) \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_-\_\_\_\_\_ Fax: ( ) \_\_\_\_\_-\_\_\_\_\_ E mail: \_\_\_\_\_
- D. List subsidiaries and affiliates for which coverage is requested  
\_\_\_\_\_

### II. Business Description

- A. Products and Services to be covered \_\_\_\_\_  
If products are custom please describe \_\_\_\_\_
- B. Type of business: Manufacturer \_\_\_\_\_% Wholesaler \_\_\_\_\_% Service \_\_\_\_\_% Other \_\_\_\_\_%  
If other, please describe \_\_\_\_\_
- C. % Sold to: Mfr \_\_\_\_\_% Whl \_\_\_\_\_% Retail \_\_\_\_\_% Other \_\_\_\_\_%

### III. Existing Insurance

- A. Policy of Insurance or currently negotiating?  
YES or NO with: \_\_\_\_\_ expiration date: \_\_\_\_\_
- B. Factoring or Invoice discounting arrangement?  
YES or NO with: \_\_\_\_\_ expiration date: \_\_\_\_\_
- C. Non Recourse Financing?  
YES or NO with: \_\_\_\_\_ expiration date: \_\_\_\_\_
- D. Floor Planning?  
YES or NO with: \_\_\_\_\_ expiration date: \_\_\_\_\_

### IV. Sales and Loss Information

#### A. Domestic Sales:

Number of years selling on credit terms \_\_\_\_\_ Terms of Sale \_\_\_\_\_ Maximum Terms \_\_\_\_\_

Fiscal Year	Domestic Sales	Gross Domestic Bad Debt	Number of Losses	Largest Single Loss (Gross Amount)
____/____				
____/____				
____/____				

YTD

12 month Projected Sales

Domestic Accounts Receivable balances for previous four quarters:

Date:	Date:	Date:	Date:
\$	\$	\$	\$

Complete Appendix B (Top 10 Buyers), Appendix C (Loss History) and Appendix D (Slow Pay)

**B. Foreign Sales:**

Number of years on credit terms \_\_\_\_\_ Number of years exporting \_\_\_\_\_

Terms of Sale \_\_\_\_\_ Maximum Terms \_\_\_\_\_

Does your company utilize letters of credit? YES NO If yes, how often? \_\_\_\_\_

Does your company utilize purchase orders? YES NO If yes, how often? \_\_\_\_\_

Fiscal Year	Foreign Sales	Gross Foreign Bad Debt	Number of Losses	Largest Single Loss (Gross Amount)
____/____				
____/____				
____/____				

YTD

12 month Projected Sales

Foreign Accounts Receivable balances for previous four quarters:

Date:	Date:	Date:	Date:
\$ _____	\$ _____	\$ _____	\$ _____

**Complete Appendix A (Foreign Sales), Appendix B (Top 10 Buyers), Appendix C (Loss History) and Appendix D (Slow Pay)**

Domestic buyer A/R balance

Number of Accounts

- \_\_\_\_\_ \$1,000,000 plus
- \_\_\_\_\_ \$500,000-999,999
- \_\_\_\_\_ \$100,000-499,999
- \_\_\_\_\_ \$50,000-99,999
- \_\_\_\_\_ \$20,000-49,999
- \_\_\_\_\_ \$10,000-19,999
- \_\_\_\_\_ \$1,000-9,999
- \_\_\_\_\_ Total

Foreign buyer A/R balance

Number of Accounts

- \_\_\_\_\_ \$1,000,000 plus
- \_\_\_\_\_ \$500,000-999,999
- \_\_\_\_\_ \$100,000-499,999
- \_\_\_\_\_ \$50,000-99,999
- \_\_\_\_\_ \$20,000-49,999
- \_\_\_\_\_ \$10,000-19,999
- \_\_\_\_\_ \$1,000-9,999
- \_\_\_\_\_ Total

**Warranty of Undersigned**

Insurance carriers rely on the representations provided by you in, and in connection with, this application when making decisions regarding any policy(ies) issued. THIS APPLICATION, the policy, and declarations shall constitute the entire insurance agreement between you and the insurance carrier, any verbal or written statement, promise or agreement, by any agent of the said insurer, or notice to or knowledge of such agent, broker or any other person, to the contrary notwithstanding. No loss which occurs prior to the payment of premium will be covered. No broker has the authority to delete, modify, or waive any policy provisions, either verbally or in writing. Further, the accompanying credit questionnaire is part of this application. It is also agreed that this application, whether as respects anything contained therein or omitted therefrom has been made, prepared, and written by the applicant or by his own proper agent.

**State Law:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and punishable by law." (New York statutes further state that fraudulent acts "shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.")

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.**

The undersigned hereby represents and warrants that the undersigned is duly authorized by the applicant to execute and submit this application for trade credit insurance.

Signature: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Name/Title \_\_\_\_\_ Organization \_\_\_\_\_

Date: \_\_\_\_\_, 20 \_\_\_\_\_ Location/Agency Code \_\_\_\_\_



Credit Management Questionnaire

Name of Applicant (Company) \_\_\_\_\_

I. Department Structure

A. Who are the senior members of the Credit Department, or who is the individual primarily responsible for making credit decisions?

Table with 5 columns: Name, Title, Authority Level, Years of Experience (Credit in General, International)

B. How many full time credit professionals are in Credit Department? \_\_\_\_\_

C. Is credit control centralized at Insured's Headquarters? YES or NO

If no, explain \_\_\_\_\_

D. Are credit controls known to other departments? YES or NO

E. Is there a written credit procedure? YES or NO If yes, please supply.

II. Authority Levels

A. Persons authorized to:

Approve a credit limit for a new buyer? \_\_\_\_\_

Approve an increase in an existing credit limit? \_\_\_\_\_

Approve a change in payment terms? \_\_\_\_\_

What is the current course of action to take on an overdue situation? \_\_\_\_\_

B. Can anyone within your company overrule a decision by the credit department? YES or NO

If yes, who? \_\_\_\_\_ Has this actually happened? YES or NO

How often? \_\_\_\_\_

III. Credit Evaluation/Administration

A. Which of the following does your company use:

1. Credit Agency Reports YES or NO

If yes, list Agency(s) \_\_\_\_\_

How often are the reports updated and reviewed? \_\_\_\_\_

2. Trade References YES or NO How often updated? \_\_\_\_\_

3. Bank References YES or NO How often updated? \_\_\_\_\_

4. Audited Financials YES or NO How often updated? \_\_\_\_\_

5. Other Sources \_\_\_\_\_

B. For new customers, what information is required to determine the credit worthiness of the buyer?

\_\_\_\_\_

C. For existing customers, what information is used when increasing or decreasing a credit line?

\_\_\_\_\_

D. Are credit limits recorded in the buyer's credit file and/or in a computerized system?

\_\_\_\_\_

E. What are the general guidelines when determining credit worthiness? Example:

% of tangible net worth or financial ratios \_\_\_\_\_

F. What is the minimum information required to grant/extend credit in the following circumstances:

No Financial Statement	Increase on Existing Line	Change in Payment Terms

G. How are high-risk buyers identified, and how often are they reviewed? \_\_\_\_\_

H. Are there regular personal visits made to the buyer? \_\_\_\_\_

If yes, is a visit report produced? \_\_\_\_\_

**IV. Credit Monitoring**

A. How often is an aging produced? \_\_\_\_\_ Who reviews the aging? \_\_\_\_\_

B. Before each shipment, how does the credit department make sure the buyer meets the minimum credit approval criteria? \_\_\_\_\_

C. Accounts Receivable are checked against credit limits:

1. When orders are received? YES or NO

2. When orders are ready for shipment? YES or NO

**V. Collection Practices**

A. Which of the following procedures are used for overdue accounts?

1. Demand by telephone? YES or NO If yes, how many days past due? \_\_\_\_\_

Is a telephone log kept? YES or NO Where? \_\_\_\_\_

2. Demand letters YES or NO If yes, how many days past due? \_\_\_\_\_

3. Stop shipments YES or NO If yes, how many days past due? \_\_\_\_\_

4. Collection agency YES or NO If yes, how many days past due? \_\_\_\_\_

Who does your company use? \_\_\_\_\_

5. Legal action YES or NO If yes, how many days past due? \_\_\_\_\_

B. 1. What procedures does your company follow to absolutely stop shipments after a buyer is materially past due? \_\_\_\_\_

2. What appears in the buyer's file? \_\_\_\_\_

C. Retention of Title

1. Is incorporated in contract terms YES or NO

2. Is made legally enforceable YES or NO

**VI. Include a copy of Credit Procedures** (if applicable)

**Additional Comments on Credit or Collection Procedure:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Warranty**

The undersigned understands that the warranties and representations made in this credit questionnaire are subject to the same warranty provisions of the application.

Signature: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Name/Title \_\_\_\_\_ Name/Organization \_\_\_\_\_

Date: \_\_\_\_\_, 19 \_\_\_\_\_ Location/Agency Code \_\_\_\_\_